MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10603447 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2		/ .					52						
3	✕						53						
4							54						
5		/					55						
6	— .						56						
7		/					57						
8		/					58						
9		/ .					59						
10	— —						60						
11		/ .					61						
12		/ .					62						
13		/					63						
14		/					64						
15		/ .					65						
16		/					66						
17							67						
18	✕						68						
19							69						
20		/ .					70						
21		/ .					71						
22		/					72						
23	/						73						
24		/					74						
25		/ .					75						
26	✕						76						
27							77						
28							78						
29		/ .					79						
30	. /						80						
31		/ .					81						
32		/					82						
33							83						
34		.					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45		.					95						
46							96						
47							97						
48		.					98						
49		.					99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						